

| POSITION                  | INITIALS | ID NO. | DATE    |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION         | M. G     |        | 6/26/00 |
| O.I.P.E. CLASSIFIER       |          | 15     | 7/3/00  |
| FORMALITY REVIEW          |          | 71622  | 8/16/00 |
| RESPONSE FORMALITY REVIEW |          |        |         |

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral).... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim          | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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